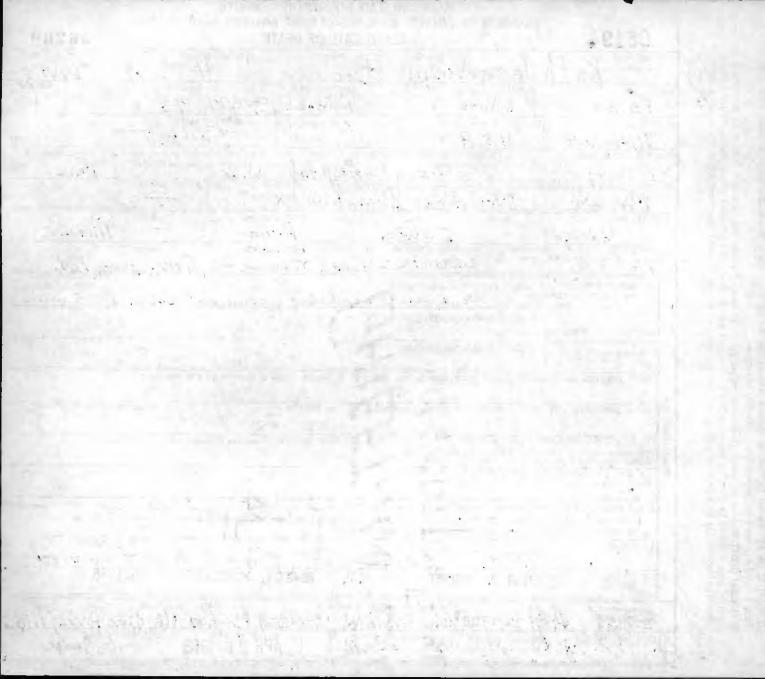
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06244 2b. HOUR 2o. DATE OF DEATH DECEASED-NAME and, 2 requires that the death certificate be executed within 24 hours after death (Type or print) Month 30 the attending physicion ond completely filled in by the funeral sit permit. Then please remove carbon papers. Pages, I and IF LINDER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH 6. AGE (In veors 3. SEX MONTHS DAYS HOURS November 9. please remove carbon papers. Pages I, and in any event, within 72 hours af 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 7g. BIRTHPLACE (State or foreign U.S. DIVORCED | WIDOWED 126. KIND OF BUSINESS OR INDUSTRY 120. USUAL OCCUPATION (Kind of work done II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) give street oddress) 13c CITY OR TOW INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before YES 🔀 NO C HANEST WEENSTOWN cremotion, or removol, and in any 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Lost MARINE ELLER HNNA EORGE 17. INFORMANT DARG 20H 16b. SOCIAL SECURITY NO. Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes of or unknown) (If yes give war or dates of service) 218-14-4052 T. BOONE. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3 week IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been erached for use as the Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 19o. DATE OF OPERATION CAUSES OF DEATH? NOV YES 🗍 O FUNERAL DIRECTOR: After this certificate be retained by the hospital or 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) ATTENDING PHYSICIAN: 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County While Not while at work 220. I **certify** that (I) (this hospital) attended the deceased fram 3 - 3 / , 1968 , to 7 - / 9 , 1967, that (I) (we) last saw the deceased glive an 4 - / 9 - 1967 and that in (my) (out) opinion deoth accurred an the dote and haur and fram the should causes stated above. (1) (wa) (did) (did-not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR DEGREE director, page should be filed TO HOSPITAL Page 4 may b 22e. APARSTON. MARYLAND 22d. PHYSICIAN'S M. D. STEPHEN CARNEY NAME (Type) (Stote) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL GREMATION. ACHOVAL (Specify) nestertield. FUNERAL DIRECTOR REGISTRAR 2 6 2Sb. 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06195 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH (Type or print) Month RADK 3. SEX 6. AGE (In years S. DATE OF BIRTH last birthday) NECTO 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) Easton Memoria 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d INSIDE CITY LUMITS? 13b. COUNTY NO YES Z Middle First Middle Last MOTHER'S MAIDEN NAME First ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yas give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OF AS A CONSEQUENCE OF Canditians, if any, which gave ; rise to immediate cause (a), DUE TO OR AS A CONSEQUENCE OF stating the underlying cause

10. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 14. FATHER'S NAME 16g. WAS DECEASED EVER IN U.S. Yes, no, or unknown) Idams APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) LPd. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO V 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while at wark 220. I certify that (1) (this hospital) attended the deseased from 2 - 2 5 saw the deceased alive an 10 that 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. PHYSICIAN 22e. ADDRESS NAME (Type) R. Lane Wroth Maryland St. Michaels. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURÎAL, CREMATION (County) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

DATE

06201

Year 68

IF UNDER 1 YEAR

ZHTINOM

2b. HOUR

IF UNDER 24 HRS.

The law requires that the deoth certificate be executed within 24 haurs after death. the attending physician ond completely filled in by the funerol sit permit. Then please remove carbon papers. Pages 1 and nation, or removal, ond in any event, within 72 hours offer devi signed by the buriol-transit p ottending p prior to l IO FUNERAL DIRECTOR: After this certificate has been os the Health p jo detoched pe director, page 3 should be filed v

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Before the modern of the first that

ny delay is 2 and 3 to PIM3. This certificate shauld be executed within 24 haurs after death.

5 may be retained far yaur files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Departm Health priar to burial, cremation, or remayal, and in any event within 72 hours after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form DICAL EXAMINER: TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION

0F	VITAL	RECOR	DS,	301	W.	PRES	TON	STREET,	BAL	IMORE,	MARYLAND	2120
	MED	ICAL	FX	ΔM	IN	FR'S	CEL	RTIFIC	ATF	OF D	FATH	

12 63 63 ...

MEDICAL EXAMINER	3 CENTIFICATE OF DEATH	00000
DECEASED-NAME First Middle (Type or Print) // // //	Last 2a. DATE KNOWN OF ESTI-	Manth Day Year 2b. HOUR
Hillen	Cample DEATH MATED	4/26 1968 PM
3. SEX 4. RAGE 5. DATE OF BIRTH 6. AGE	at 1 a manager of many consider the	
12/6/1920 4	7 yrs. 4 2	9y Yeor 1968 95 M
7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED 4. COUNTY OF DEATH	
Marvland USA	WIDOWED DIVORCED TAIDOI	Md
O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work	
EASTON give street oddress) MEN	10RIAL during mast af working life, even if re	ired.) INDUSTRY None
130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before		
odmission) STATEMaryland3b. (OUNTY Talhot	VEC CO NO CO	
4. FATHER'S NAME First Middle Last	Trappe Its MOTHER'S MAIDEN NAME First Middle	e Last
	127.70.27.10.20.20.20.20.20.20.20.20.20.20.20.20.20	-
Levin R. Camper	Henrietta	Greene
(16b. SOCIAL SECURITY NO (11 yes give war or dates of service)		
218 20 41	32 Dorothy Camper, Trappe,	Maryland
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	al Alganos hand	7 2000
4120 IMMEDIATE CAUSE (a) A 2 XX	and the state of t	2-10W/
Canditions, if any, which gave	atain Co	Or Olygon - Oran
rise to immediate cause (a). (b)	Consum Cardionare Cittans	NIDA BOUNDE OFFE
stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
last. (c)		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
19g. DATE OF OPERATION 19b. CONDITION FOR WE	HICH OPERATION	20. AUYOPSY?
19a. DATE OF OPERATION 19b. CONDITION FOR WE WAS PERFORMED? 21b. TIME OF INJURY Month, Day, Year		YES NO
21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year	23. HOW WHILD OCCUPATE AT A STATE OF A STATE	
	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or f	ran Z, item 16.)
PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH FINAL 19 21d INVIDEY OF CHERED 121e PLACE OF INVIDEY (4th home form street)		
The state of motive (in tione, total, steel,	21f. LOCATION Street or R.F.D. No. City ar Town	County State
AT WORK AT WORK I AT WORK		
220. I certify that I took charge of the remains described	d obave, held an Autopsy , Inspection , Inqu	piry , and in my opinian
death resulted fram: Natural causes . Accident		The state of the s
deall lesolled from. National caoses , Accident		uniter [_]
ACTUAL 1,10 James March	CHIEF MEDICAL EXAMINER	
SIGNATURE WC CONTINUED	M.D. ASSISTANT INCOTOR EXAMINER	b. DATE SIGNED
EXAMINER'S W. E. Latimer, M.D.	DEPUTY MEDICAL EXAMINER	1 april 61
NAME (Type)	ADDRESS(Street, city, tawn, or caunty) Eas	ton, Maryland
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF C	EMETERY OR CREMATORY 23d. LOCATION (City or Town	(County) (State)
Burial 4/30/68 Trappe	Trappe Tal	bot Maryland

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

Milarles Judges

ADDRESS

Barbara L. Dashiell, 426 Dover St. Easton MAY

VR A15ME (5) 10M REV. 1/68

24. FUNERAL DIRECTOR

THE WORLD SEED TO LETTE THE TOTAL SECTION OF THE PARTY OF Agendical in the company of the comp Zam de a stron THE LOCAL CONTROL OF THE PARTY BILL THE COLUMN contrast fodial aggree Deer 1 - repaired to the rest of the little is helder

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages Eshayild be filled with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hauf's all

VR A15 (4) 30M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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	-	LICITION IL OI	PERMIT		N/	1 27 ch 27 53
1. DECEASED-NAME First (Type or print)	Middle Middle	Lost	20.	DATE OF DEATH	Day Year	2b. HOUR
3. SEX 4. RAC	111E 1155A	S. DATE OF	BIRTH	6. AGE (In year lost birthgay)	IF UNDER 1 YEAR MONTHS DAYS	
temale	white	6/	4/98	69	YRS.	
7o. BIRTHPLACE (State or foreign country) Maryland 7b. CITIZI	USA	8. MARRIED NEVER MA WIDOWED W DIVE	ARRIED 9. COL	TALKOT		Me
10. CITY OR TOWN OF DEATH EASTON	11. NAME OF HOSPITAL OR INST	ITUTION (If not in hospital		JPATION (Kind of wark of warking life, even if retin POSCINI SCP	red.) 12b. KIND C INDUSTRY POST	office
13a. USUAL RESIDENCE (Where deceosed lived, in odmission) STATE Maryland 13b. C	f institution: Residence before DUNTY Caroline	13c. CITY OR TOWN Bethlehem	13d, INSIDE CITY LUMITS?	13e. STREET AND NUMBI	R	
	Middle Last	1s. Mother's i	MAIDEN NAME First Mary Reid	Midd	ile	Last
160. WAS DECEASED EVER IN U.S. ARMED FORCE Yes, new or unknown) (If yes give wer or dates of	S? 16b. SOCIAL SECURITY NO		liver H. Ch	Addr nristopher,		burg,Md.
18. CAUSE OF DEATH (Enter only one coupert I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	P	1			BETWEEN	DXIMATE INTERVAL N DHSET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS (ial disease orconditi	ON GIVEN IN PART 1(o)		
	FOR WHICH OPERATION WAS PERI		TOPSY?	206. IF YES, WERE FINDS CAUSES OF DEATH?	NGS CONSIDERED IN	CERTIFYING
The contributing Cause of Death (If either, notify medical examiner)	TIME OF INJURY UR A.M. Manth Day Yeor P.M. 19 INJURY (AT HOME, FARM, STREET, FACTO		•	e of injury in Port 1 or Po	art 2, Item 18.)	Stote
While Not while of work	OFFICE BUILDING, ETC.	/		,		
22a. I certify that (1) (this hospit saw the deceased alive an- causes stated abave, (1) (wa	attended the deceased 19 (did nat) view the b	and that in (i	my) (our) apinian	death accurred on t	he date and hav	at (15 (we) las ir and fram th
22b. SIGNATURE	PCarry	DEGREE PHYS.	LI DIRECTO	R STAFF PHYS.	22c. DATE SIGNED 4 - 29	-08
22d. PHYSICIAN'S NAME (Type) Stephen P	. Carney	M. D. 22e. Al	aston, Mar	yland	4/29/68	
		emetery or (REMATORY or Order Cen	netery	Preston, M		(Stote)
24. FUNERAL DIRECTOR Freemeton Freneral	Home Frede	ruleling ma	DATE DATE REGI	STRAR 25b. REGIS	TRAR'S SIGNATURE	Age.

and the second of the second of the second 344 703 Sold and the control of the control 35 PELL TRUET OF THE STATE OF T the control of the co

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER SICERTIFICATE OF DEATH FOR STATE 1620 DEPT DECEASED-NAME 20 DATE KNOWN 2b HOUR Month (Type or Print) ESTI-OF ny delay is 2, and 3 to Page 26 Joseph 1968 Chase DEATH MATED 4. RACE 6. AGE (In years IF UNDER 24 HRS 3 SEX DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d. HOUR P.M.3. F last birthday) Departme Yeor Negro approx. 7985 Unknown Male 19 7o. BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Talbot Give Pages 1, with form DIVORCED [WIDOWED 7 Talbot IISA I and 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
First during most of working life, even if retired.)
Butler INDUSTRY Oxford None Office alang death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmissippe WH7 and 13b. COUNTY Talbot Oxford 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmiss MarWland Oxford in pencil in Item 18. YES A NO First Street haurs after 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Unknown 24 Unknown bages haurs Examiner's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT within ADDRESS Maryland (Yes, no, or unknown) 218-20-5910A Hytolia Bailey First Street. Oxford File within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. the Chief Medical PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) CORONARY OCCLUSION event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . arwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) remayal CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO TO please execute the certificate. pe crematian, ar 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. DICAL EXAMINER: CAUSE OF DEATH 21d INITIRY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) YOUR FUNERAL DIRECTOR: Page NOT WHILE AT WORK burial, for 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry ond in my apinion death resulted from: Accident . Suicide be retained Noturo causes Hamicide Undetermined monner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE necessary, O DEPUTY 4-28-68 FOR DEPUTY MEDICAL EXAMINER KX 5 may FO Health Louis S. Welty NAME (Type) ADDRESS(Street, city, town, or county) 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 4/30/68 Richards Memorial Easton Talbot Maryland 21601250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15ME [5]

Barbara L. Dashiell 426 Dover St. Easton DATE APR 3 (

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED-NAME Middle 2b. HOUR requirms that the death certificate by mamouted within 24 hours after death (Type or print) F UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 24 HRS last, birthday) MONTHS DAYS HOURS 9. COUNTY OF DEATH 7a, BIRTHPLACE (State or foreign 7b. CITIZEN OF COUNTRY? MARRIED THEYER MARRIED country) physician and completely filted in DIVORCED 9 10, CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR rking life, even if retired.) INDUSTRY carban 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before CUTY OR TOWN 13d. INSIDE CITY LIMITS? STATE 13b COUNTY YES 14. FATHER'S NAME Middle Lost please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INCORMANT Yes, no, or unknown) LENDANIEL ar remayal. signed by the attending phy burial-transit permit. Then CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the l f Health priar ta b has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [T] by the haspital ar TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) TO DR CONTRIBUTING TO CAUSE DE DEATH HOUR A.M Manth Day Year y o P.M. (If either, natify medical examiner) 21d INJURY OCCURRED / AT HOME, FARM, STREET FACTORY 21f. LOCATION Street or R.F.D. Na 21e PLACE OF INJURY City or Town County Stote While Not while of work 220. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on 20 cylindrical 19 cl., 19_67, to 20 4/20, 19 68, that (1)-fwe) lost Chen 19 LP, and that in (my) (our) opinion death accurred on the date and hour and from the be retained directar, page 3 should shauld be filed with the couses stated above, (1) (wa) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS 22d. PHYSICIAN S 22e. ADDRESS Page 4 may NAME (Type) Stephen Carney Easton. Maryland 23d. LOCATION (City (Stote) 24 VR A15 (4) 30M REV 1/68



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L		1.5
	Type or Print) -NORMAN LE KCY CON WAY DEATH MATED & DEATH MATED &	7- 125 / A
	IALE NEGRO 11-25-23 44 YRS MONTES DAYS MOURS MAIN Month Day	Year 19 A
	Maryland USA WIDOWED & DIVORCED TA 1607	M
	EASTON 9DO'A THEMORIAL HOSPITAL during most of working life, even if retired)	2b. KIND OF BUSINESS OR NDUSTRY Const.
	A CTATE 121 COUNTY	reet
14	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Losi
	Alonzo Hudson Mary	Raleigh
160	(se no seuntments)	Md.
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute Alcoholism	
	DUE TO, OR AS A CONSEQUENCE OF	
	rise to immediate course (a)	
	Stating the bitterlying cocse	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a)	
LON	196. COND.T ON FOR WHICH OPERATION	20. AUTOPSY?
18	WAS PERFORMED?	YES 🛣 NO 🗀
	2 a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M. CAUSE OF DEATH 21b TIME OF INJURY Month, Day, Year HOUR A M. P.M. 19	1 ⁷ B.)
13%	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, at work 21f LOCATION Street or R.F.D. No. (ity or Town foctory, office building, etc.)	County State
	22a. I certify that I took charge of the remains described above, held an Autopsy 🔼, Inspection 🔲, Inquiry 🔲,	and in my apiniar
	death resulted fram Natural causes 🔼 , Accident 🔲 , Suicide 🗍 , Homicide 🔲 , Undetermined manner 🕻	
	ACTUAL ACTUAL CHIEF MEDICAL EXAMINER	
	SIGNATURE MD ASSISTANT MEDICAL EXAMINER (1)	
	LAAMINEKS TOTAL	00
230		Caunty) (State)
	DEMOVAL (Specific)	* *
24.	FUNERAL DIRECTOR	GNATURE
64	transporting house Jederalabuy md. DATE AP: 15 138	las judge
	1 E ((3 S M 70 cauci 10. () 1130 c c 114 1 1 16a () () 23c 23c 244.	DECEASED NAME Copyright Copyright



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FOR STATE /	'	\$ A	MEDICAL EXAM	INER'S CE	RTIFICATE O	F DEATH			
HEALTH DEPT		ECEASED NAME	Middle Middle	e	D & ZEN Lost		20 DATE KNOWN	Month D	ay Year 25. HOUR
- 2 2 g / X X	1	Type or Print)	aris E.	D	RATIN	1/	OF ESTI-	1 4 9	9 1968 M
delay is 3 Poge 3. Poge	3. S	EX 4 RACE	S BATE OF BIRTH	6 AGE (In years	F UNDER VEAR	IF LINDER 24 HRS	2c DATE PRONOUNCE	D DEAD	2d HOUR
a a a a		F W	5-5-32	last birthday)	MONTHS DAYS	HOURS Min.	13336 4	Doy 79	Year 1689 BHEAM
E ~ E		BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?		RRIED NEVER MARRI	ED 9. COU	NTY OF DEATH		
TE S	cont	(try) Ky	USA	WIDO	OWED DIVORC	ED 🗍	Take	Dota	ALBOT Me
Pages iith follow	10 (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL	OR INSTITUTION	(If not in haspital	120 USUAL OCC	UPATION (Kind of wi	ork done 12	26. KIND OF BUSINESS OR
deot with with		EAS+DNE	aston MEMORTAL	11/11/10	Rial	during most of	working life, even if	retired.) IN	DUSTRY
ofter 8. Giv along with t		USUAL RESIDENCE (Where dece	osed lived, finstitution, Residence	before 13c. CITY	OR TOWN 13d. II	ISIDE CITY LIMITS?	13e. STREET AND NUM	ABER	0
	0	dmiss on) STATE NJ	13b. COUNTY	BRID	GETON Y	ES NO 🗌	11 CEDAI	PWOO	DHYE.
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exeruted nding" ii Medical permit.		PART I. DEATH WAS CAUS	SED BY	770	Edama				BELALTEN DUSE, WHO DENTA
e executed pending" ir ef Medical I isit permit. I		3/12 / immel	DIATE CAUSE (a)DIATE CAUSE (a)DIATE CAUSE (a)DIATE CAUSE (b)DIATE CAUSE (b)DIATE CAUSE (b)DIATE CAUSE (b)DIATE CAUSE (c)DIATE CAUSE (c)	NCE OF	Carner			0	Λ
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word word the Chirle Tra		rise to immediate couse (a), stating the underlying couse	DUE TO OR AS I SONICEOUS		The second	1	1		Λ
요 > 후 ' 들 는		lost) (SIA	necedon	ut 0			36 hour
A3		PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERMINAL D SE	ASE OR CONDITION	GIVEN IN PART 1(a)		77 0 77 77 700
s certificate by writing the forwarded to used as a emoval, and		X164							
is certific te, writin forword e used a removal,	NO I	190. DATE OF OPERATION	19b. CONDITION		RATION				20. AUTOPSY?
his course, yes for the form	CERTIFICAT	4-8-68	WAS PERFO	RMED? Hem	othorax e	etc.			YES-E NO
一年更多 至 5		21g EXTERNAL CAUSE WAS	21b TIME OF INJURY Month, Do		Ic. HOW INJURY OCCU		e of injury in Port 1 o	or Part 2, Item	18.)
INER: The certific should be files. 3 should to should the should to should the sho	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	6P PM 4-7-68	3 19	Pass in 2	-car co	lision		
sho sho	AE S	214 PHIDA UCCHORED 315	DIACE OF IA HIDY / At home form a		If LOCATION Street or I		City or Town		County State
EXAMINER: ute the certi age 4 should your files. Page 3 shou		AT WORK AT WORK	factory, office building, etc.) highway 404		nr	Hickma	an C	arolir	ne Md
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o DEPUTY DIC. necessary, please enthe funeral director S may be retained D FUNERAL DIRECT Health prior to bu		EXAMINER'S NAME (Type)	Louis S.Welty/			SS(Street, city tov			
TO DEPU necessal the fun S may FO FUNEI Health	230		b. DATE 23c NAI	ME OF CEMETERY	OR CREMATORY	23d	LOCAT ON (City or To	wn) {(aunty) (State)
- -		VERMO FAIT PROPERTY A	413/1968 OVE	2R 1.0 6	Y CEMET	Lamb Lamb	PIDGETON	-/	11
	24-	FONERAL DIRECTOR		ADDRESS 6		So. REGID BY REG	The second secon	EGISTRAR'S SIG	
VR A15ME (5)	/	Maurice C1	Lewady toon	(the	walk o	ATE APP	L 5 1948	Villan	ilas Judge



VR A15 (4) 30M REV, 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: Tile fow Equires that the death certificate be executed within 21 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	LUXUR	2	Ç	ERTIFICA	ATE OF DE	ATH				1 1	
	ECEASED NAME First		Middle		Last		2a. DATE OF	DEATH	. N-	2b. HO	UR
'	Type ar print) Ada Gn	ace Eason					1	Month 14 D	1968"		М
3. SI	EX_	4. RACE		5	. DATE OF BIRTH		20	6. AGE (In years	IF UNDER 1 YEAR	IF JHDER 24	
	Female	White			Oct. 2	1, 10	883	las Birthday)	MONTHS DAYS S.	HOURS	Min.
7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO	DUNTRY?	8. MARRIED	NEVER MARRIED	9.	COUNTY OF	DEATH		-	
caus	Maruland	USA		WIDOWED X	DIVORCED		Talbe	ot			Md
10. (CITY OR TOWN OF DEATH		F HOSPITAL OR INST	ITUTION (If nat				(Kind of work done		F BUSINESS O	R
	Trappe	give street	adaress)		C	Oll Land	LY EULIN	te, even if retired) INDUSTRY		
13a. adm	USUAL RESIDENCE (Where decea	ised lived, if institution: R	esidence befare	13c. CITY OR T		ISIDE CITY LIMI		EET AND NUMBER			
14.	FATHER'S NAME First	Middle	Last	15.	MOŢHER'S MAIDEN	NAME Firs	it	Middle		Last	
	Wrightson E.	Price			France	s Bai	rtlett				
	. WAS DECEASED EVER IN U.S. ARI (es, na, ar unknawn) (blyes give t	MED FORCES? 16b.	SOCIAL SECURITY NO 16-54-93	5. 17 INI	ormant Edwa	nd (c	nnon,	Trappe,	Md.		
								1-1	APPRO)	CIMATE INTERVAL ONSET AND DEAT	Tu
	18. CAUSE OF DEATH (Enter only one cause per line far (a) (b), and (c).) PART I. DEATH WAS CAUSED BY:									Host	7
	H & S & DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if any, which gave										
ı	pse to immediate cause (a), (b) Stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF										
	last. (c)										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
×	1 . 1	Hr teno	zelero	he	Heart	2	seon	e			
CERTIFICATION	19a DATE OF OPERATION 19b.	. CONDITION FOR WHICH O	PERATION WAS PERI	FORMED	20a. AUTOPSY?	NO 🎵		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYING	
CERT	21a. ACCIDENT WAS UNDERLYII	NG 21b. TIME OF INJU	PY	21c HOV			ature of injun	y in Part 1 ar Part :	7 Item 18 \		
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Ma	oth Day Year	216.1104	THOUSE OCCURAL	C (Linter in	ididie di injui	y III ruii i ui ruii i	2, 116111 10.)		
MEDICAL	(If either, natify medical exami	iner) P.M.	ME. FARM. STREET, FACTO	ORYAL 214 LOC	ATION Street or I	P F D Na	Crtv	ar Tawn	County	Stat	te
	at wark at wark	. PLACE OF INJURY (AT HO									
	220. I certify that (I) (this haspital) ottended the deceased from 41468, 19, to 41468, 19, that (I) (we) las saw the deceased alive an 41468, 19, and that in (my) (our) opinion death occurred on the date and hour and from the										lasi
	saw the deceased glive an Course and hour and troe courses stoted above, (1) (we) (did) (did hat) view the body after death.										rne
	22b. SIGNATURE	A 1 1/				/		22	t. DAJE SIGNED	_	
	C.	12W. 120	in 121	DEGREE	ATTENDING PHYS	MET DIR	ECTOR	STAFF PHYS.	4/16/68	?	
	22d. PHYSICIAN S NAME (Type)	PIN BALL	1 2-1	O FA	22e ADDRESS	0 5 61	0 5	ACT M	1. 12	1.	
99.	DUDIAL CREMATION 1991	DATE						M (Coby on Towns)	(Courts)	(50.000)	
230.	REMOVAL SOCIAL 4/	PATE / 1968	230 NAME OF CI	2 Mill			East	N (City or Town)	(County)	(State)	
24.	FUNERAL DIRECTOR & N	FUWAM & SON	ADDRESS CANTO	n. Adi	2\$a.	APR BY	REGISTRAR 191	2Sb. REGISTRAF	R'S SIGNATURE		

¢ 16 .

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last ELBERT DECEASED NAME Middle EDGAR FirstWILLTAM 2a. DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) signed by the ottending physicion ond campletely fulled in by the funeral buriol-tronsit permit. Then please remove carbon popers. Poges I and burial, cremation, or remaval, and in any event, within 72 hours giver dext 4. RACE 6. AGE (In years IF UNDER YEAR IF UNDER 24 HRS. April 11, 1885 last buthday) Male Negro 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | country) Maryland USA WIDOWED KT DIVORCED [IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during mast at watking life, eyequt retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 136, INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) Waryland 13b COUNTY orchester Hurlock R.F.D. NOK 14. FATHER'S NAME Middle 15. MOTHER 5 MAIDEN NAME First James Robert Chester Annie Mae Jenkins 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no or unknown) (If yes give war or dates of service) 216-54-9409 Mrs. Mardella Cobb, Washington, D.C. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar to l Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CERTIFICAL CAUSES OF DEATH? YES 🗀 NO 🗔 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREFT, FACTORY.) 21f. LOCATION Street or R.F.D. Na 21e. PLACE OF INJURY City ar Tawn County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 12 4, 1965, to 284, 1967, that (I) (we) last saw the deceased alive an 27 4, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above, (I) (ve) (did not) view the bady after death. 22b. SIGNATURE 225. PATE SIGNED ATTENDING director, poge 3 DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) Stephen P. Carney Easton, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION, 23b DATE (Caunty) (State) RESIDIVAL (Spelify) Near East New Market, Md. May 1,1968 T hompsontown Cemetery 24. FUNERAL DIRECTOR ADDRESS 25g REC'D_BY REGISTRAR 25b. REGISTRAR'S SIGNATURI 30M REV.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

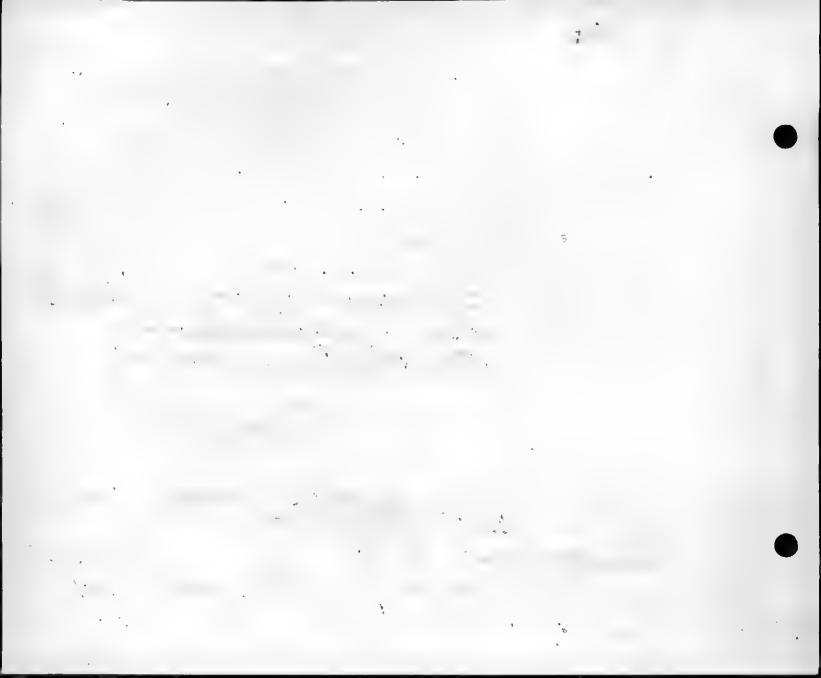
CERTIFICATE OF DEATH Middle DECEASED-NAME First 2o. DATE OF DEATH 2b. HOUR (Type or print) EMANUEL 110 ENDERSON SEX S DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years lost birthdoy) MONTHS HOURS MAJE 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED I DIVORCED [10. CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) UNDUSTRY EASTON Bugl net 2 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Middle Hinderson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17_HNFORMANT Yes, no, or unknown) [If yes give war or dates of service] 151-07-3118 OXFORD, MARYLANT WILLIAM MUERS 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO DE YES 🖂 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21f. LOCATION Street or R F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased fram 18 1968, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR DEGREE PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Easton, Maryland Stephen P. Carney. 230 BURIAL (CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote) 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

requires that the death certificate be executed within 24 hours remave carban burial-transit signed by has been the O FUNERAL DIRECTOR: After this certificate director, page should be filed

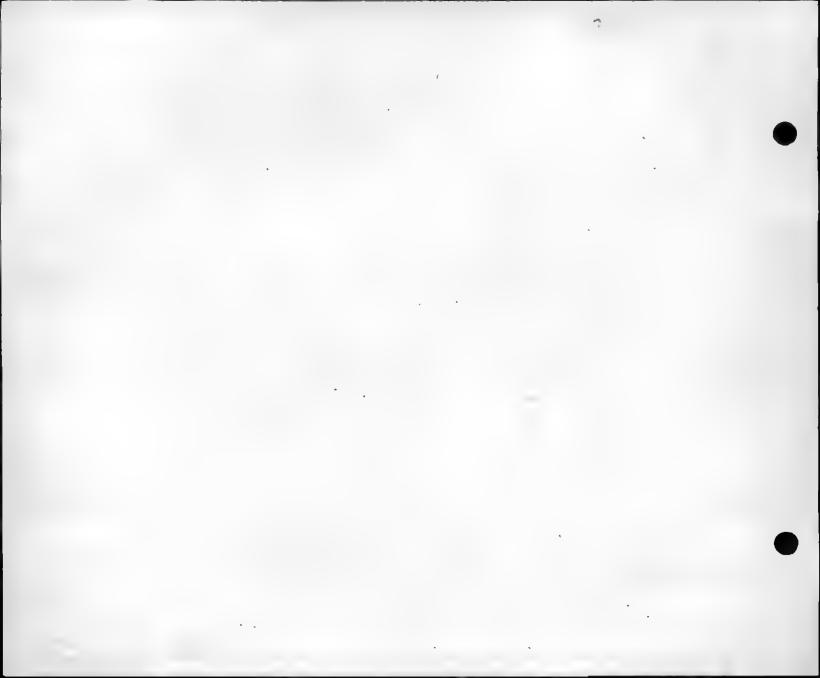
VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3 A Middle Lost 20. DATE OF DEATH DECEASED NAME First death. (Type or print) Amv Shipley Hambleton 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER YEAR 1F UNDER 24 HRS. 3. SEX lost birthday) MONTHS HOURS White July 15 1877 Female 72 hours requires that the death certificate be executed within 24 hoors 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 8 MARRIED NEVER MARRIED Maryland physician and completely filled in States WIDOWED DIVORCED [Talbot 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress)
RIO VISta during most of working life, even if retired.) INDUSTRY corbon 3 St. Michaels Nursing event. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREFT AND NUMBER 13b. COUNTY NO I Harriaon Easton and in ony Middle 14. FATHER S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Lost Parrott Hambleton James Anna Jones ease 160. WAS DECEASED EVER IN U.S. ARMED FORCES? TALL SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, or unknown) [If yes give war or dates of service] burial, cremation, or removal, no Easton the attending phy isit permit. Then APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE signed by the burial-tronsit p Canditions, if ony, which gave rise to immediate couse (a). DUE TO, OR AS A GONSEQUENCE OF by the hospital or offending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? NO 📉 YES [for use Heolth r 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year detached for the Dept of F (If either, notify medical examiner) P.M (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote OFFICE BUILDING ETC While Not while of work Poge 4 may be retoined director, page 3 should should be filed with the 22c DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS DATE 23c. NAME OF CEMELERY OR CREMATORY (County) (State) BURIAN CREMATION 23b REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR VR A15 (4)* 30M REV 1/68



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COD CTOTE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	MA
FOR STAKE	ļ.,	MEDICAL EXAMINER'S CERTIFICATE OF DEATH ECEASED NAME FIRST Middle Lost 120 DATE KNOWNER Month D	W 2011
HEALTH DEKIL		OF ESTI-	Poy Year 25 HOUR
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D.,		BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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ter death Give Pages ang with for th the State th.	ID.	11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12	26 KIND OF BUSINESS OR NOUSTRY
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\$ 10 kg 10 4	130	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN Amission) STATE Many found 13b COUNTY Lieber (2) rates YES [NO []	
	14.	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
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within 2 n pencil is Examiner File page:		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, po, or unknown) If yet give war or goines of service), Parical Currently NO. [17] INFORMANT ADDRESS ADDRESS	of beel
		18 CAUSE OF DEATH (Enter only one cause per line top (a), (b), and (c).) PART I DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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#= H = = * *.	AL CE	216 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A M. 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item	(18)
NER NER Shau Sho sho offices	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At name, farm, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
KAM te th ge 4 yaur 'age crem		WHILE AT WORK AT WORK	Coonly Hale
CAL E executar Page of for CTOR: Puridi,		22a. I certify that I taak charge of the remains described above, held an Autopsy 🗍, Inspection 📈 Inquiry 🔲,	and in my apınıar
ctar ctar ned ECT		death resulted fram: Natural causes 🕰 Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌	3
please direct retaine		ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CHI	
ry, ple eral dij be reto priar		SIGNATURE ASSISTANT MEDICAL EXAMINER ZZO DAYE SIG	CNED 21-68
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1	7,0	FUNERADIRECTORY ADDRESS 250 REC D BY REGISTRAR 250 REGISTRARS SIG	CNATURE
VR A15ME (5)	-	Tires Fleet Exten. md DATE ADR 9 1 1968 JOHN	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1001 CERTIFICATE OF DEATH DECEASED NAME Lost 2g DATE OF DEATH and in any event, within 72 hours after death. Jewell Month 1 Day 18 Yea 68 Myrtle Bernetta (Type or print) 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years Female White last birthday) HOURS 9-27-88 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED 🔼 NEVER MARRIED papers. U.S.A WIDOWED [DIVORCED [7] Talbot low requires that the death certificate be executed within 24 signed by the attending physicion and campletely filled burial-transit permit. Then please remove carban pape 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address). House I during mast of working life, even if retired) INDUSTRY Easton The Pines 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER GRASCAVILLE YES 📉 NO T 14. FATHER'S NAME Middle Middle Last 1S. MOTHER'S MAIDEN NAME First 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address Yes, no or unknown) 218-14-2569 or removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burnal, cremation, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) os the this certificate has been 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 🖂 by the hospitol or 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18,) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET FACTORY, 1 21f. LOCATION Street of R.F.D. No. Stote City or Town County While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 2-10, 1964, to 4-15, 1964, that (ID) (we) lost sow the deceased olive on 4-6, 1968, and that in (my) (our) opinion death occurred on the date and haur and from the O FUNERAL DIRECTOR: After þe be retained should couses stated above (1) (we) (did) (did not) view the body ofter death. 225. SIGNATURE 22c DATE SIGNED MED DIRECTOR **ATTENDING** Robert W. Trever, M.D. DEGREE r, poge be filed 22d. PHYSICIAN'S NAME (Type) 22e ADDRESS director, I 23a BURIAL CREMATION 23b. DATE 23d. LOCATION (City_or Town) (County) (State) REMOVAL (Specify) 20 1968 2Sq. REC'D BY REGISTRAR **BUNEBAL DIRECTOR** VR A15 (4) 30M REV 1/68 21617

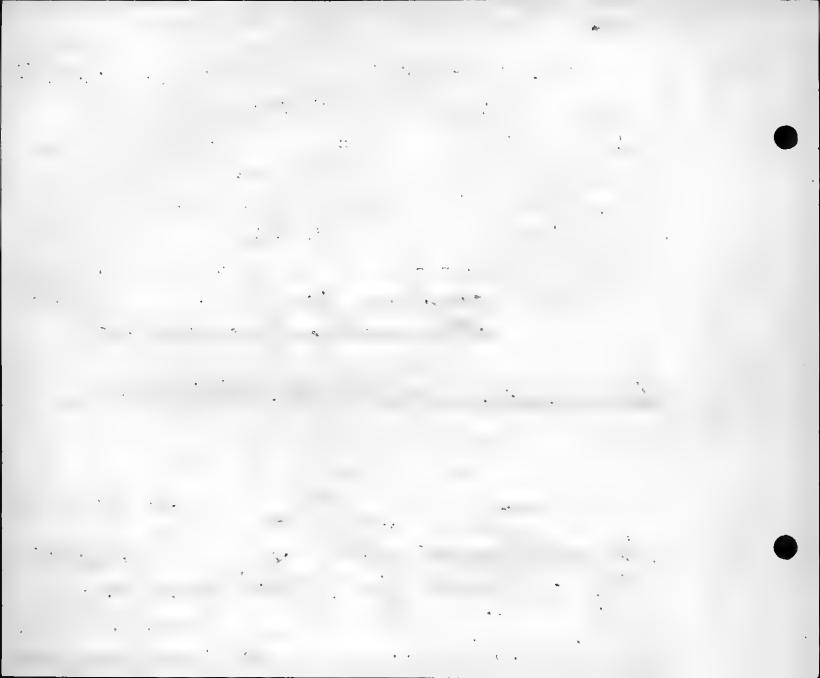


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) IF UNDER 24 HRS 4. RACE IF LINDER 1 YEAR 3. SEX S. DATE OF BIRTH MONTHS HOLPS DAYS papers. rus iin 24 Nour 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) filled in WIDDWED DIVORCED [within / NAME OF HDSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH give street oddress) remove carbon physician and completely O D. event, 13a USUAL RESIDENCE (Where deceased lived, if institution- Residence before 13e STREET AND NUMBER 135 CITY OR TOWN 13d. INSIDE CITY LIMITS? requires that the death certificate be executed admission) STATE 13b. COUNTY ond in any 14 FATHER'S NAME Middle Last MOTHER'S MAIDEN NAME First Middle First OREXICE pleose 17. INFORMANT Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECJERY NO. (15 yes give war or dates of service) Yes, na ar unknawn) or removal. 1B. CAUSE OF DEATH (Enter only one cause per ime for (a), (b), and (c). BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) cremation, signed by the buriol-tromsat p Conditions, if ony, which gave) nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) prior to l ‡ has been CERTIFICATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? SD CAUSES OF DEATH? NO X YES | 'O FUNERAL DIRECTOR: After this certificate be retained by the hospital or 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) ģ OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 2 d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21F LOCATION Street or R.F.D. No. State City or Town County OFFICE BUILDING, ETC. While Not while ot wark of work 220. I certify that (I) (this haspital) attended the deceased from _19 68, and that in (my) (aur) apinian death occurred on the date and hour and fram the saw the deceased olive onplnous causes stated obave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNACHIE 22c. DATE SIGNED filed DIRECTOR 22e. ADDRESS "PHYSICIAN'S Easton, Maryland 21601 Howard F. Kinnamon NAME (Type) director, should b 230. BURIA CREMATION 23b DATE 23d LDCATION (City or Town) (County) (Stote) REMOVAL (Specify) br. 10-6 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRES: VR A15 (4) 30M REV, 1/68

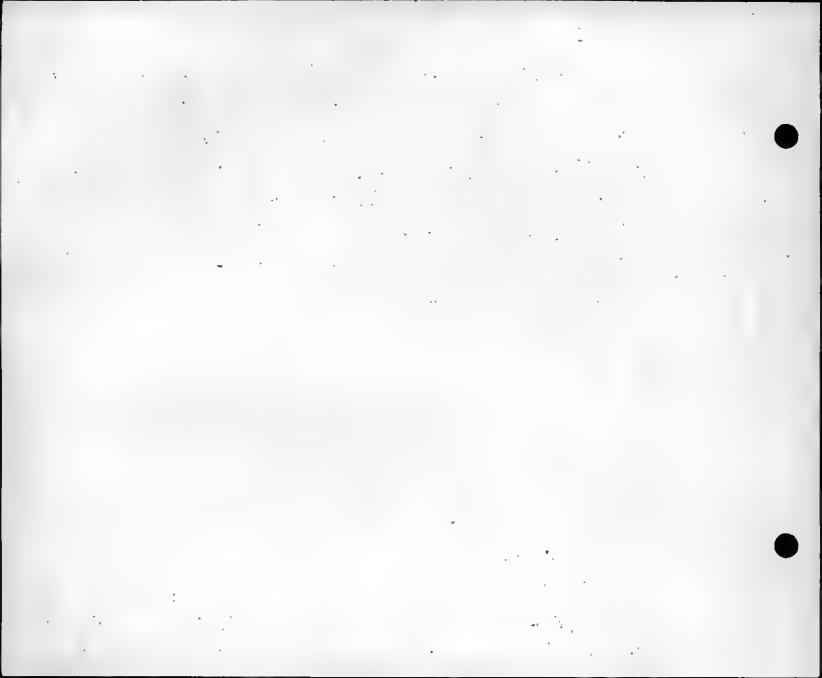


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH last DECEASED-NAME 2a. DATE OF DEATH 2b HOU death (Type or print) Violet Elizabeth Marshall 6. AGE (In years 3. SEX S DATE OF BIRTH law requires that the death certificate be executed within 24 haurs after HOURS last birthday) White Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH signed by the attending physician and campletely filled in by burial-transit permit. Then please remove carban papers. I 8. MARRIED [7] NEVER MARRIED (duntry)

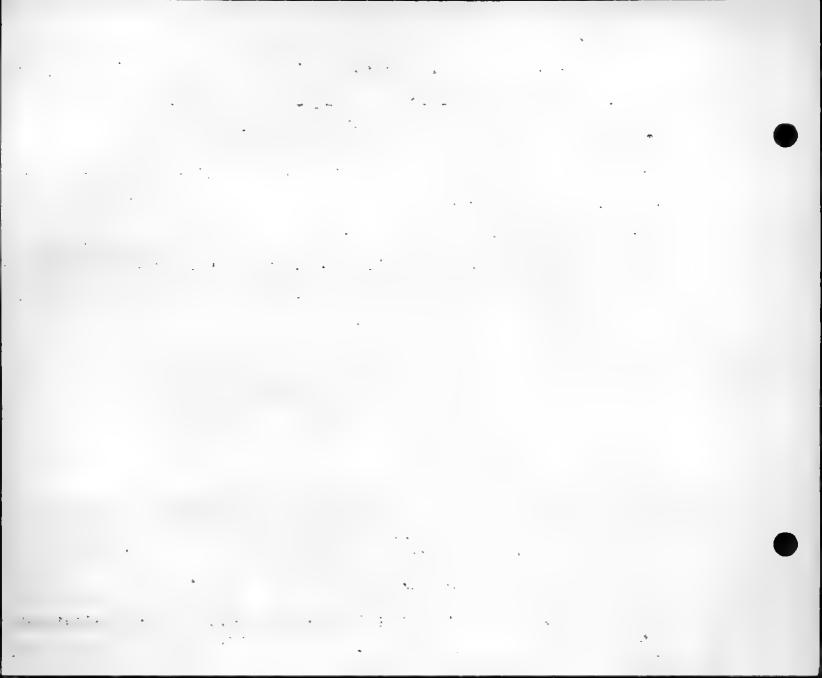
| In ruland
| OCITY OR TOWN OF DEATH Talbox WIDOWED . DIVORCED [120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR give street oddress) dusing most of working life, even if retired) INDUSTRY Sherwood 13a, USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13b. COUNTY albox Sherwood rural Middle Lost IS. MOTHER'S MAIDEN NAME First harles Abell Louise Berier 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO Yes, no. or unknown). Shenwood Ins. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if ony/which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SOIVEN IN PART 1(a) 20a AUTOPSY? CAUSES OF DEATH? YES [77] NO [T 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY State City or Town County While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from. saw the deceased olive on 196 (and that in (my) (our) opinion death accurred on the date and hour and from the cause stated above, (I) (we) (did not) view the body after death. saw the deceased olive on... O FUNERAL DIRECTOR: ATTENDING PHYS 22e. ADDRESS 230 NAME OF METERY OR CREMATORY New Cathedral DATE (County) (State) Baltimore 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A(15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36216 CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH 2b. HOUR. DECEASED NAME First death. and (Type or print) IF JADER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 6. AGE (in years 4. RACE 3. SEX DAYS HOURS ð lagt birthday) MONTHS COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [NEVER MARRIED [country) **.**⊆ DIVORCED [V WIDOWED within 72 physician and campletely filled Ged Control 12b KIND OF BUSINESS OR 12a, USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within even if retured) INDUSTRY carban 13e STREET AND NUMBER 13 CITY OR TOWN 13d INSIDE CITY LIMITS? 13a, USVAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE 13b. COU please remaye and in any 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Last 14. FATHER'S NAMI 16b. SOCIAL SECURITY NO INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? HALL MEERS (If yes give war or dates at service) Yes, na, ar unknown signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, APPROXIMATE INTERVAL the attending pacit nermit. The 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar ta FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a DATE OF OPERATION CAUSES OF DEATH? YES [NO 🗔 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. AT HOME FARM, STREET, FACTORY, County State 21f. LOCATION Street or R.F.D. Na. City or Town 21d. INJURY OCCURRED 21e. PLACE OF INJURY While Not white at work at wark 22a. I certify that (I) (this haspital) attended the deceased from 12, 1968, to 12, 1968, to 12, 1968, that (I) (we) lost saw the deceased alive on 12 12 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on Arms directar, page 3 shauld shauld be filed with the causes stated obove, (1) (we) (did) (did nat) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** DEGREE PHYS. 22e, ADDRESS O HOSPITAL PHYSICIAN'S 2-10 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BURIAL CREMATION 0 2Sb. REGISTRAR'S SIGNATURI 2Sa. REC D BY REGISTRAR RAL DIRECTOR VR A15 (4) 30M REV 1/68



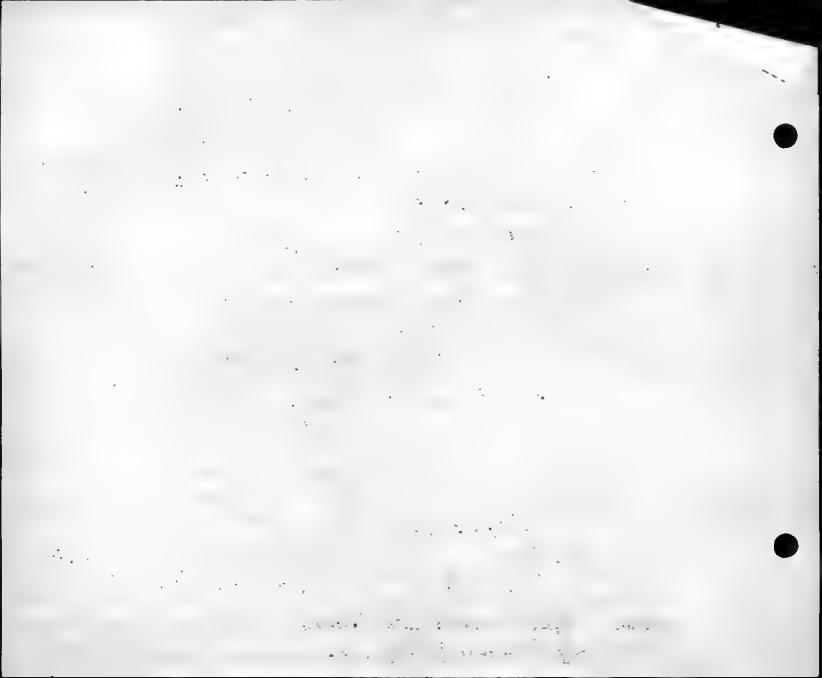
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 2a DATE OF DEATH 2b. HOUR Middle First DECEASED-NAME Yea 8 ofter death Pastorfield Month | (Type or print) James IF UNDER 24 HRS IF UNDER 1 YEAR 4. RACE 5. DATE OF BIRTH 6. AGE (In years 3. SEX lest birthdoy) MONTHS DAYS White Male 9-20-85 24 haurs 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 8 MARRIED X NEVER MARRIED Talbot DIVORCED [WIDOWED [12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH PHYSICIAN: The law requires that the death certificate be executed within during most of working life, even if refired) INDUSTRY Pines Easton RETIRED SING signed by the attending physician and camplete burial-transit permit. Then please remave carb burial, crematian, ar remaval, and in any event, ' 13e. STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN admission) STATE 13b COUNTY-GLEBE ROAD YES IN NO FASTON Middle 15. MOTHER S MAIDEN NAME First 14. FATHER 5 NAME Middle M. PASTORFIELD LAUFIELD MARU PASTORFIELDIR SHUSBURY. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no. or unknown) JAMES APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Circulation 10 am DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OSATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Kentucker be detached far use as the State Dept. af Health priar tal 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20d. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [NO [FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. CAUSE OF DEATH Manth Day Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. State 21d INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an____ 1967, and that ip (my) (aur) opinion death accurred an the dote and hour and from the director, page 3 shauld shauld be filed with the causes stated abave, (!) (we) (did) (did nat) view the body ofter death. 220 DATE SIGNED 22b SIGNATURE **ATTENDING** MED DIRECTOR DEGREE PHYS 22e. ADDRESS PHYSICIAN'S NAME (Type) /HURSID as Ton NAME OF CEMETERY OR CREMATORY 23d LOGATION (City or Town) (County) (State) 23g (BURIAL TREMATION SPRING HILL (EMETERY REMOVAL (Specify) APRIL 25, 1968 EASTON TALBOT, MARULAND 24 FUNERAL DIRECTOR 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2o. DATE OF DEATH 2b. HOUR **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. (Type or print) signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages they Dov ter ded 0 3. SEX 4. RACE **5 DATE OF BIRTH** 6. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS. lest b rthday) MONTHS DAYS HOURS 12.188 YRS remave carbon papers. Pa n any event, within 72 haurs 7b CITIZEN OF 7a, BIRTHPLACE (State or fareign COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED 🗌 countryl WIDOWED DIVORCED [event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF RUSINESS OR INDUSTRY MIERCHANT give street oddress] during most of working life, even if retired) 212 MARINE RESIDENCE (Where deceased lived, if institution Residence before 3e STREET AND NUMBER OR TOWN YES 🗀 NO P THE HOCKINGS in any Middle Lost IS. MOTHER'S MAIDEN NAME First EEVES pup 16b SOCIAL SECURITY NO INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, pa por unknown) I (f yes give war or dates at service) ar remayal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial, crematian, Conditions, if ony, which gave ! rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE attending physician. stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) IO FUNERAL DIRECTOR: After this certificate has been be actached far use as the State Dept. af Health priar to 19o. DATE OF OPERATION 20b IF YES WERE FINDINGS CONSIDERED CAUSES OF DEATH? YES D NO F Page 4 may be retained by the haspital ar 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e PLACE OF INJURY City or Town County State While Not while to work of work 220. I certify that (I) (this hospital) attended the deceased from. thot (I) shauld be 19 , and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive on couses stoted obove. (1) (we) (did) (did not) when the body ofter deoth 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE directar, page shauld be filed PHYS DIRECTOR PHYS 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town REMOVAL (Specify) FUNERAL DIRECTOR

30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



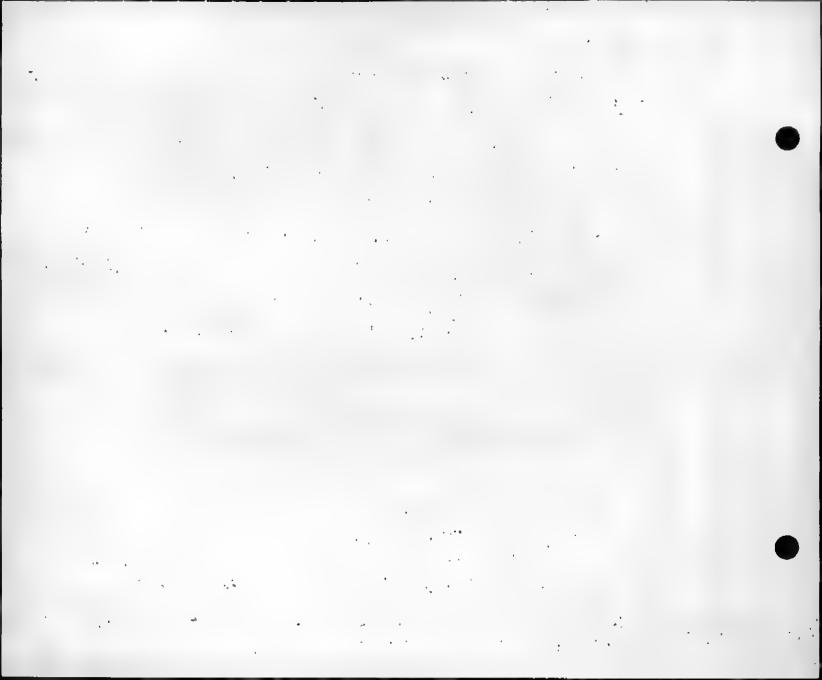
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

58

Stote

CERTIFICATE OF DEATH 1. DECEASED NAME Middle First 2o. DATE OF DEATH 2b. HOUR (Type or print) signed by the attending physician and campletely <u>tilled</u> in by the funeral burial-transit permit. Then please remave carban papers. Pages I <u>and</u> 4. RACE law requires that the death certificate be executed within 24 haurs after S. DATE OF BIRTH OF UNDER I YEAR IF JNDER 24 HRS 6. AGE (In years lost birthday) MONTHS DAYS HÓJRS 7a BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED! country) WIDOWED DIVORCED [17 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE E3b. COUNTY and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost OMEE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) I (If yes give war or dates of service) crematian, ar remayal, 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Conditions, if ony, which gave) nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the chauld he filed with the State Dept. at Health priar to 19o. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES Y NO | 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year If either, notify medical examiner) P.M. 21d INJURY OCCURRED / AT HOME, FARM, STREET FACTORY, 1 211 LOCATION Street of R F.D. No. 21e. PLACE OF INJURY City or Town County OFFICE BUILDING, ETC. While Not while of work 220. I certify that (I) (this hospital) attended the deceased from. and that in (my) (aur) apinion deoth occurred on the date and haur and from the saw the deceased alive of couses stated above, (1) (swe) (did) (did 16) (what he bady after death. 225 SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. 22d. PHYS!CIAN'S 22e. ADDRESS NAME (Type) LOEATION (City or Town) 230 BUR AL, CREMATION, 23 NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL Sperily (30 RO 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR APR 9

VR A15 (4) 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

		0.214	DIVISION O	· ·		TE OF DE		E, MARYLAND 2120	1	1000
		CEASED NAME ype or print)	First			Last		DATE OF DEATH	Day 10 Xea	2b. HOUR
		Mar.		Ε.		nclair		4 29	1900	1/201M
	3 SE				5. DATE OF BIRTH 11/1/1885 6 AGE (In years last birthday) YRS.			MONTHS DAYS	F UNDER 24 HRS HOURS MIN	
		Female BIRTHPLACE (State or foreig			T8		_	UNTY OF DEATH	rs.	
	country) Maryland USA			TIRI COUNTRI:	8 MARRIED NEVER MARRIED DIVORCED D			Talbot		
,					INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done during affist of weeking) the even if retired.)				ne 12b. KIND OI d.) INDUSTRY	12b. KIND OF BUSINESS OR INDUSTRY
	13a. admi:	USUAL RESIDENCE (Where sign)	deceased lived, if instit 13b. COUNTY	utian; Residence befare Talbot	13c CITY OR TO		NO	13e. STREET AND NUMBER		
1	14. F	Joseph H.	Wilson Middle	Last	15. N	other's maiden		Middle E	8	Last
	16a Y	WAS DECEASED EVER IN U	S. ARMED FORCES? es give war or dates of service)	16b SOCIAL SECURITY 220-01-3	17 INFO 545 Wa	ermant Eyman Sii	nclair	, Tilghman,	"Md.	
		Canditians, if any, which rise to immediate cause stating the underlying c last	CAUSED BY: IMEDIATE CAUSE (a) DUE TO, OR GUY O (a), DUE TO, OR (c)	AS A CONSEQUENCE OF	ards Alrs min	all Urli	Affill No 1	Hellen Heart De	By By	WALLS
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
X	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	ИО 🔲	20b IF YES, WERE FINDIN CAUSES OF DEATH?	IGS CONSIDERED IN (ERTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19								
		21d INJURY OCCURRED While Nat while at work	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY) 21f. LOCA	TION Street or R	R.F.D. No	City or Town	Caunty	State
		22a. I certify that (I) (this hospital) attended the deceased from Manney (sur) apinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did) (view) view the body after death.								
1		22d. PHYSICIAN'S NAME (Type)	mell	holls;	DEGREE	ATTENDING PHYS 22e. ADDRESS	MED. DIRECTO	STAFF	22x DATE SIGNED	68
)	23a	BURIAL (REMATION REMOVALUE OF STATE OF	23b. DATE 5/2/1968	23c. NAME OF Shenu	CEMETERY OR CR	EMATORY		LOCATION (City or Town) herwood, Md	(County)	(State)

25a. REC'D BY REGISTRAR
DATE MAY 3

1968

25b. REGISTRAR'S SIGNATURE

Minutes Judes.

FUNERAL DIRECTION E. NEWNAM & SON, Easton, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the foneral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages and should be filed with the State Dept. af Health priar ta burial, crematian, arremayal, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

24.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law equires that the leath certificate be executed within 14 haurs after death



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2n. DATE OF DEATH 1. DECEASED-NAME First deoth 2b. HOUR law requires that the death certificate be executed within 24 hours after death (Type or print) Burgess SORTORE CARRIE 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF JINDER 1 YEAR IF JNDER 24 HRS. 4-11-KROK 1884 FEMALE HTTTE 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH B MARRIED | NEVER MARRIED | country) Maryland USA WIDOWED X TALBOT DIVORCED [signed by the attending physician and campletely filled, burial-transit permit. Then please remave carban pape 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired)
HOUSEVILE EASTION PINES event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIM TS? odmission) STATE Maryland 13b COUNTYTAL bot RFD, Easton Oxford YES [and in any 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle First William RA Burgess Carrie ? 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT LeCompte Funeral Service records Yes, no or unknown) or remaval, None APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: anterior. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for Funeral Director: After this certificate has been director, page 3 should be detached far use as the OTE 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🖂 Page 4 may be retained by the haspital ar 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Tawn County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 5-20-63 19, ta 4-10, 1968, that (1) (we) last saw the deceased alive an accordance of the date and haur and from the causes stated abave (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 4-10-68 Trever M. D. DEGREE PHYS 22d, PHYSICIAN'S 22e. ADDRESS Robert Trever. MD NAME (Type)

VR A15 (4) 30M REV 1/68~

24 FUNERAL DIRECTOR

230_BURIAL, CREMATION

OMPTE FUNERAL SER, CAMBRIDGE

NAME OF CEMETERY OR CREMATORY

LOUDON PARK CEMETERY

23d. LOCATION (City or Town)

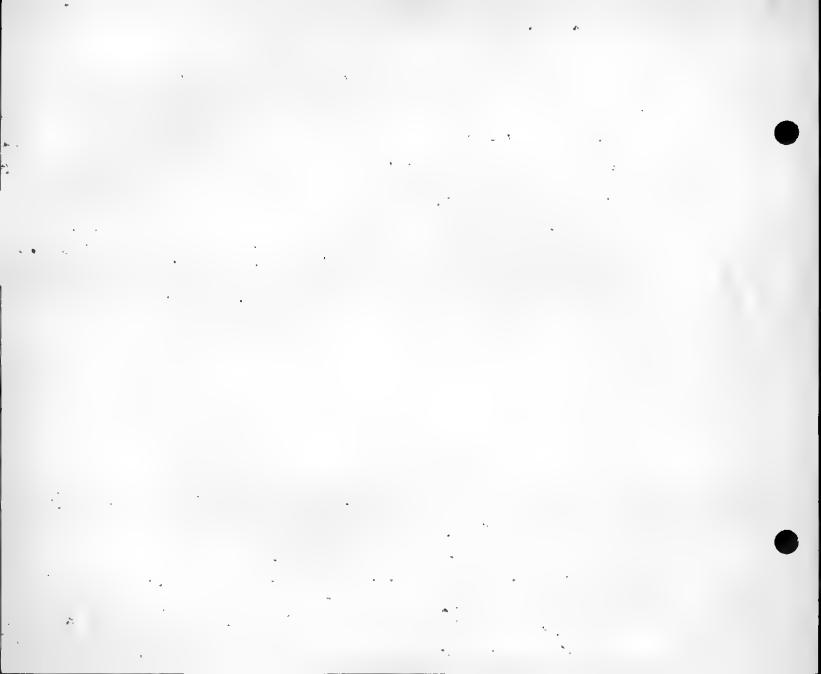


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1tem 13 taken fertificate Of Death ate 4/19/68 kk 2a. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME Middle f(Not Named) Month (Type or print) Baby IF UNDER 24 HRS. IF UNDER 1 YEAR DATE OF BIRTH AGE (In years 3. SEX MONTHS DAYS HOURS Min last birthday) 22 Colored April' 70 BIRTHPLACE COUNTRY? haurs 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED WIDOWED DIVORCED Easton Maryland requires that the death certificate be executed within 24 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital physician and campletely fill en please remave carban p during most of working life, even if retired) INDUSTRY give street address) 13e. STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before) 13c CITY OR /YOWN 13d INSIDE CITY LIMITS? 13b COUNTY aroline odmission) STATE
Manyland NO [117 Idlewild Road Federalsbur Middle 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle First Last Ricketts Mr. Maurice F. Stanley Martha Addre Federalsburg, Md. 17 INFORMANT 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no. or unknown) (If yes give wor at dates of service) Stanley (Mother) CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave } signed by the burial-transit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse by the haspital ar attending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the th priar ta has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED OS CAUSES OF DEATH? но 🔀 YES T State Dept. of Health (O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Yeor (If either, notify medical examiner) P.M City or Town State 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from 4-1.3 saw the deceased alive an 4-1.3 1968, and that in fa _19 🕳 🕷, and that in (my) (our) apinian death accurred on the date and hour and from the Page 4 may be retained director, page 3 shauld shauld be filed with the causes stated above, (I) (we) (did) (did not) view the body ofter deoth. 22c DATE SIGNED 22b. SIGNATURI STAFF PHYS. ATTENDING PHYS. DIRECTOR 22d. PHYSICAN'S NAME (Type) 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION, 23b. DATE Envinoration Memorial Hospital Easton, Maryland ADDRESS 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Easton, Maryland Memorial Hospital 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



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55 5 £ ¥		REMOVAL (Specify) 4-6-1968 CRESTERFIELD. CENTREVILLE Q1	4, Md,
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH (Type or pnnt) Month Dov IF UNDER I YEAR 3. SEX 4. RACE 6. AGE (In years F JNDER 24 HRS lost hirthday) MONTHS W event, within 72 haurs haurs 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED A NEVER MARRIED country) papers I'd -USA WIDOWED | DIVORCED [7] attending physician and campletely filled permit. Then please remave carban pape 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA: OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR law requires that the death certificate be executed within giverstreet address) during most of working life, even if retired) INDUSTRY 121710R117 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR JOWN 13d HISIDE CITY LIMITS? 13e, STREET AND NUMBER odmission) STATE 13b. COUNTY Md. Talbot NO 🙀 Easton ar remayal, and in any 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Lost William H. Swartz Elizabeth Zinc 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, pp. or unknown) 21.8-34-8441 Mrs. Anna Eatherine Swartz, RFD. Easton 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (6) permit. burial, crematian, signed by the Conditions, if any, which gave) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending has been priar ta CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? S CAUSES OF DEATH? NO 🗌 YES 🗔 the hospital ar O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) Б OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at work 22o. I certify that (I) (this haspital) attended the deceased from.... shauld be _, and that in (my) (our) opinion death occurred on the date and hour and from the _19_ sow the deceased alive on.... couses stoted above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING director, page 3 shauld be filed DEGREE DIRECTOR PHYS PHYS 22e. ADDRESS 22d. PHYSICIAN'S 4/11/68 NAME (Type) Easton, Maryland William E. Lattimer M. D.

23c NAME OF CEMETERY OR CREMATORY

Spring Hil ADDRESS

23d. LOCATION (City or Town)

2So. REC'D BY REGISTRAR

(County)

25b. REGISTRAR'S SIGNATURE

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(Stote)

VR A15 (4) 30M REV. 1/68 230 BUR AL, CREMATION,

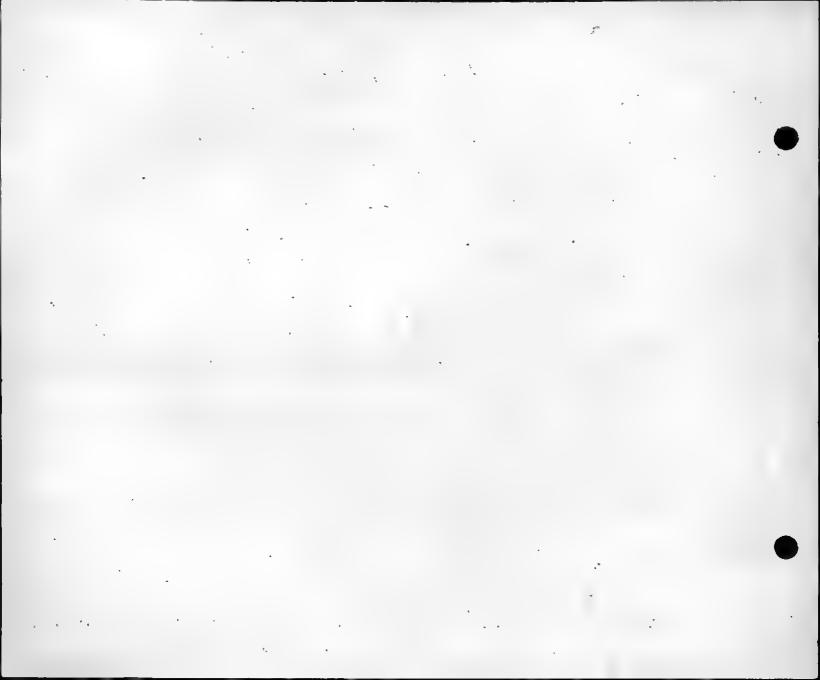
REMOVAL (Specify)

FUNERAL DIRECTOR

23b. DATE

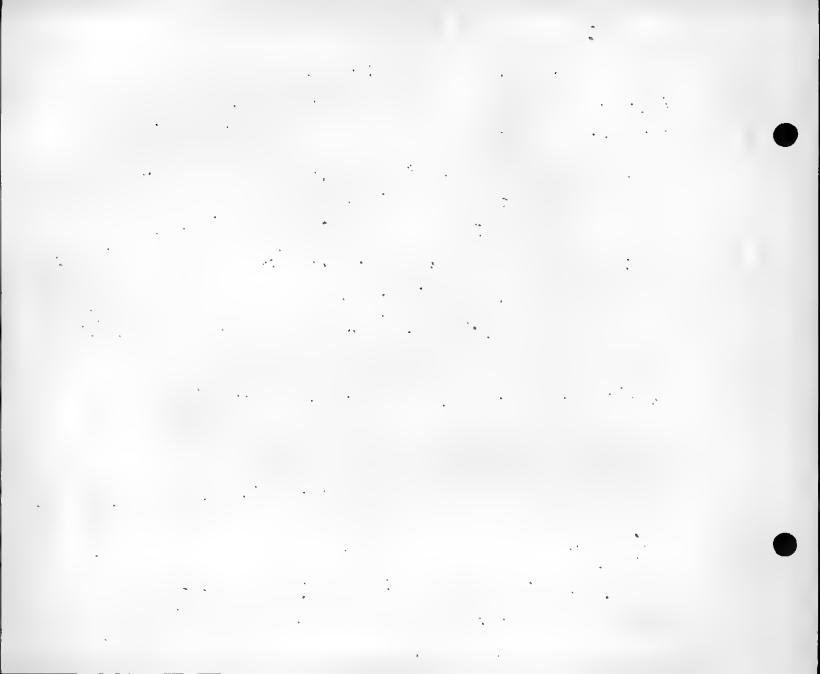


	MARYLAND STATE DEPARTMENT OF HEALTH				
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5 5 5 4 4 V	P	SEMPERATION HOLLS SO, 1968 ST JOHN'S CHURCH HILLS BURO CAR, MD.			
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED NAME First Middle 2b HOUR (Type or print) Month Day US/e €. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER YEAR IF UNDER 24 HRS DAYS lost birthday) MONTHS HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔲 NEVER MARRIED 📋 24 hau) MARYLAND poper DIVORCED [within 72 12a. USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH law requires that the deoth certificate be executed within during mast af working life even if retired) INDUSTRY please remove carban physicion and completely 130 USHAL RESIDENCE (Where deceased lived, if institut an: Residence before 13c. CITY OR TOWN. 13d INSIDE CITY LUMITS? 13e STREET AND NUMBER YES NO TO 14. FATHER S NAME Last BURKE ANIEL SHADDON 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, na. artinlenawn) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), op\$\(\sigma(c)\). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave) burial-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to l 'O FUNERAL DIRECTOR: After this certificate has been the th 19a. DATE OF OPERATION 196: CONDITION FOR WHICH OPERATION WAS PERFORME 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES 🔲 21a, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY þ □ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21e. PLACE OF INJURY 21d. INJURY OCCURRED County State Cty or Town While Nat while at wark 22a. I certify that (i) (this haspital) attended the deceased from saw the deceased glive an saw the deceased alive an 3 1 1965 and that in (my) (own) apinian death accurred an the date and haur and fram the sauses stated abave, (1) (we) (did) (did not) view the body after death. director, page 3 should 226 SIGNATURE 22c. DATE SIGNED DEGREE PHYS. PHYS DIRECTOR PHYSICIAN NAME (VI) 22e. ADDRESS 23a. BURYAL CREMATION, NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City or Town REGISTRAR S. SIGNATURE 1968

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate ■e executed within 24 h≡urs_after death

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, Pag shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours

VR A15 (4) 30M REV 1/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	110/2/60		CERTI	FICATE OF DEATH		€+ ₹			
	ECEASED-NAME	First Nan	Middle	Lost	20. DATE OF DEATH	2b. HOUR			
(1	(ype or print)	Man	M	Taulem	Month	Soy - Year 8 1 = 2M			
3 SE	female	4 RACE White		s. Date of Birth May 8, 18	6. AGE (In ye lost birthdo	OFS IF UNDER 1 YEAR IF UNDER 24 HRS.			
7o. l	BIRTHPLACE (Stote or foreign try) Kent - Ma	n 75. CITIZEN OF WHAT C	ILIUM I	RIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	at Md.			
IU. C	Easton	give street	F HOSPITAL OR INSTITUTION	during	UAL OCCUPATION (Kind of work most of working life, even if re Housewife	tired.) INDUSTRY Nings			
13a odm	USUAL RESIDENCE (Where ission) STATE Md.	deceased lived, if institution: I	Residence before / 13c. (A) 1een Anne	THE TOWN OV 1 THE THE CITY	NO RFD 2				
14. [FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME		ddle Lost			
	Corr	neilus Faulk	mer	Franc	ces Booker				
160.	WAS DECEASED EVER IN U.	S. ARMED FORCES? 16b.		17. INFORMANT	Ad	dress			
Y	res, no, or unknown) (.fy	res give war or dates of service) 21	L5 20 4225	Mrs. Dori:	s Conley Ce	ntreville, Md.			
	PART I. DEATH WAS +33, 9 Conditions, if ony, which rise to immediate couse stating the underlying of	DUE TO, OR AS A gove (b)	CONSEQUENCE OF	Them boris		APPROX.MATE INTERVAL BETWEEN ONSET AND GEATH			
	lost.	(c)							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)								
æ	2 (2 X								
TIFICATIO	190. DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED	200. AUTOPSY? YES \(\text{NO} \)	CALICTE OF DEATIES	DINGS CONSIDERED IN CERTIFYING			
MEDICAL CERTIFICATION	21o. ACCIDENT WAS UND ☐ OR CONTRIBUTING ☐ CAUSE (If either, notify medicol	OF DEATH HOUR A.M MA	JRY 21 onth Doy Yeor 19	C HOW INJURY OCCURRED (En	ter noture of injury in Port 1 or	Port 2, Item 18.)			
W	21d. INJURY OCCURRED While Not while of work	COFFIC	E BUILDING, ETC.	If. LOCATION Street or R.F.D. I		County State			
	22o. I certify that (saw the decease couses stated o	l) (this hospitol) attende sed alive on above, (l) (we) (did) (did	not) view the body of	and that in (my) (our) o ter death.	pinion death occurred an	, 19_4, that (I) (we) lost the date and haur and fram the			
	22b SIGNATURE	In Hami	_ 10	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	27 Up 48			
	22d. PHYSICIAN'S NAME (Type)	URSTON to	ARRISON	22e. ADDRESS	In Manyl	dul			
230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c NAME OF CEMETERY		23d. LOCATION (City or Tow				
	Burial (Specify)	4/28/68	Bond Cha			town, Md.			
_	FUNERAL DIRECTOR // //		ADDRÉSS /						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Months Turner Frances 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IE UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 9-10-86 White Female 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Talbot DIVORCED [WIDOWED X 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR during mast of working life, even if retired.) INDUSTRY Easton Pines 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE YES NO 🗌 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle BREEN NOORE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) OTR 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO T YES 🗀 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) ottended the deceased from Falls saw the deceased alive an Halls 1968, and that inc 1968, 10 H - 23, 1968, that (ID(we) lost _1968, and that in my (our) opinion death accurred on the date and hour and from the couses stoted above (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Md.2160 NAME (Type) R.D. 230. SURIAL CREMATION, 23b. DATE LOCATION (City, or Town) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR

1968

DATE

VR A15 (4) 30M REV. 1/68

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law requires that the death certificate be executed within 24 hours after death

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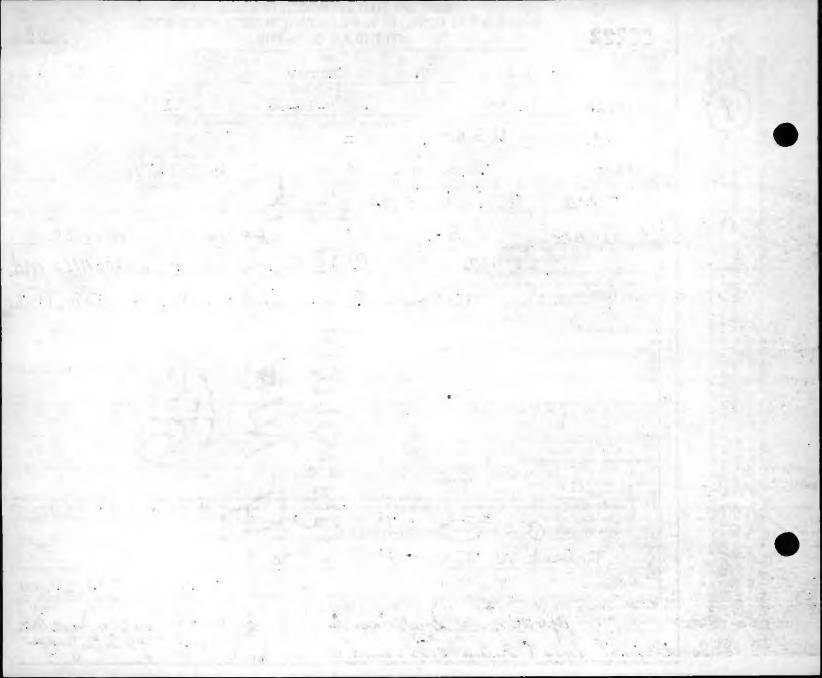
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06223 CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH . DECEASED-NAME The law requires that the death certificate be executed within 24 hours after death. ottending physician. First Last 2b. HOUR A (Type or print) physicion and completely filled in by the funeral ten please remove corbon papers. Pages 1, and oval, and in any event, within 72 hours affer dead eac Pave 3. SEX S. DATE OF BIRTH 6. AGE (In years last birthdoy) CAYS HOURS Female White Nov. 2. 1896 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH. 8. MARRIED NEVER MARRIED aryland U.S.A. WIDOWED -DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address Easton Memorial during most of working life, even if retired.)
Housewife INDUSTRY Easton None 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 134 INSIDE CITY LUMITS? 13b. COUNTY Caroline admission) STATE Greenshord None 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last Anna Greenlee Joseph Edwards 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, nd Tor-unknown) (If yes give wor or dates of service) 218-20-4125 Zeth Weaver Greensboro, Maryland ettending phys oermit. Then p APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: Vartra 3 Leen ŏ IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the c buriol-tronsit p Conditions, if any, which gove) rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to l has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO X YES [Heolth 1 be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Manth Day Year to (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Mat while at work 220. I certify that (I) (this hospital) ottended the deceased from 1968, and that in (my) (our) opinion death occurred on the date and hour and from the 1968, to 23 apr 1968, that (1) (we) last causes stated obove, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS May land NAME (Type) IHURSTON HARRISON director, should be

VR A15 (4)

23o. BURIAL, CREMATION.

24. FUNERAL DIRECTOR

23b. DATE

4-25-68

30M REV. 1/68

Greensboro **ADDRESS**

23c. NAME OF CEMETERY OR CREMATORY

Sa. REC'D BY REGISTRAR

(County) (State)

Greensboro. Maryland

23d. LOCATION (City or Town)

milyarol inframe rosina acre

when is shouldered entired the Cyne

PART 4425-68 Greenwood

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